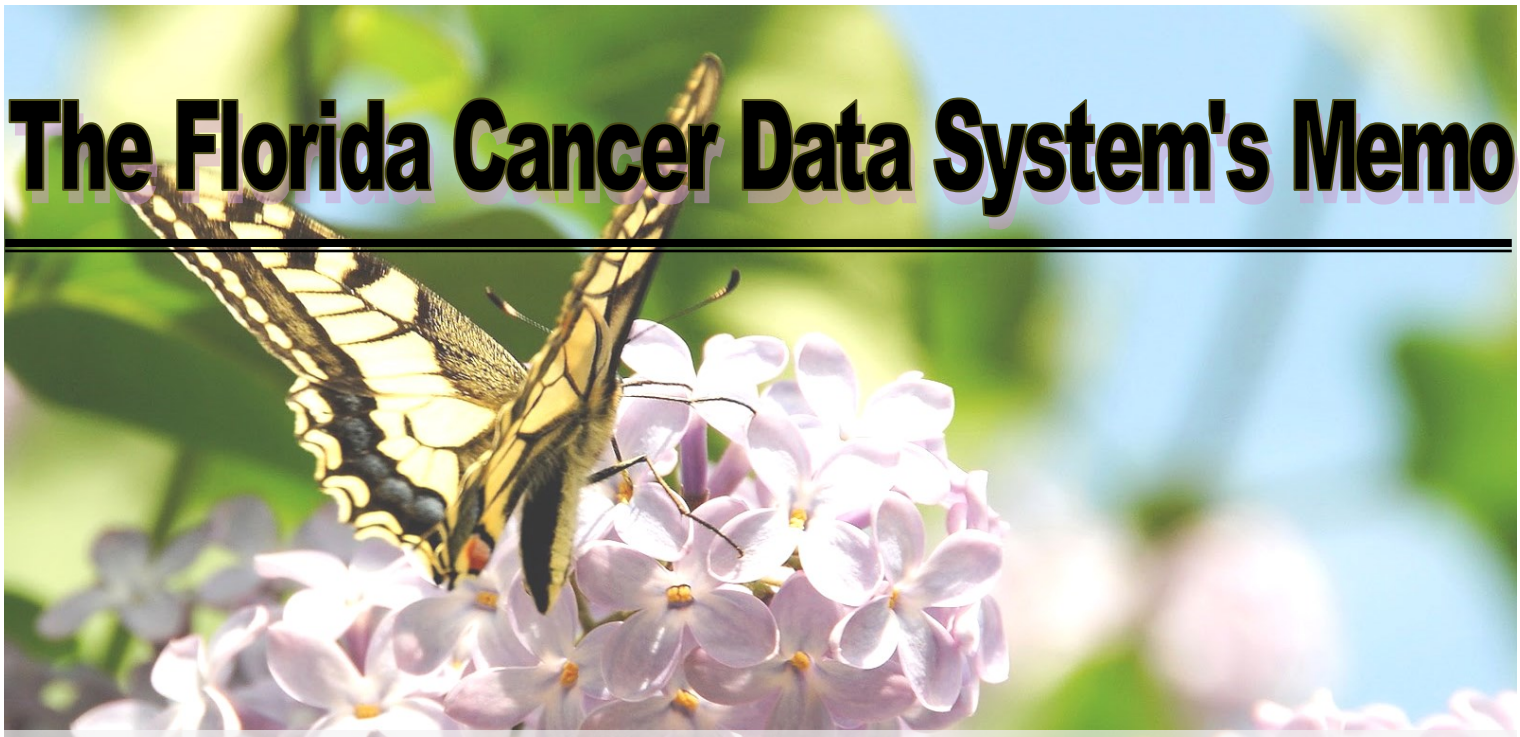
The Florida Cancer Data System's Memo



MARCH-APRIL 14

SAVE THE DATE

The 2014 Florida Cancer Data System Annual Conference is being held July 24 -25 at the Caribe Royale All-Suite Hotel & Convention Center, Orlando

The FCRA Annual conference is at the same hotel and precedes the FCDS conference.

Click here!

https://fcds.med.miami.edu/scripts/register.pl

Fill out your registration information, press the submit button, print the resulting page, and submit it along with your $75.00 registration check payable to "Florida Cancer Data System".

Our Tax-ID # is 59-0624458.

The registration fee is non-refundable.

For more information contact:

Bleu Thompson
Florida Cancer Data System
PO Box 016960 (D4-11)
Miami, Florida 33101
bthompson@med.miami.edu
305-243-2635
305-243-4871 (Fax)

WHAT'S NEW:

The following information is currently available on the FCDS website.

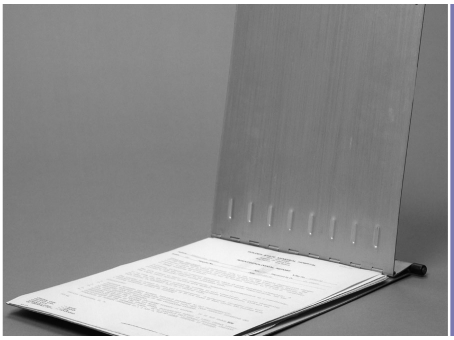
FLORIDA ANNUAL CANCER REPORT: INCIDENCE AND MORTALITY - 2008

FCDS/NAACCR EDITs Metafile - 13A Metafile, posted 08/8/2013 10:50am

FCDS/NAACCR WEBINAR SERIES: NAACCR 2013-2014 Cancer Registry and Surveillance Webinar series - Colon and Rectum 5/1/14, being held at 7 Florida facilities and requires registration.

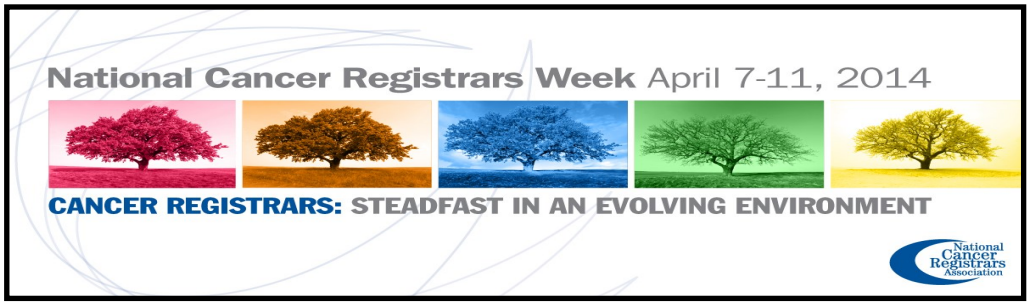
FCDS Florida Cancer Data System

Florida Statewide Cancer Registry



Florida Cancer Data System

Deadlines, Updates, & Reminders



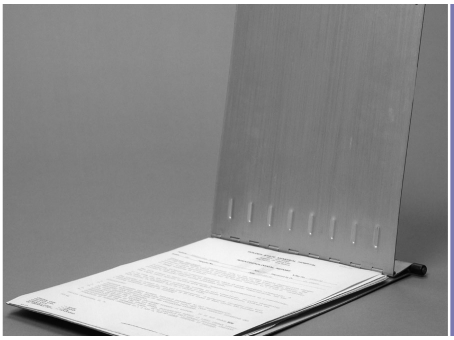
Cancer registrars throughout the world join their colleagues, fellow medical professionals, and community leaders to observe the 18th annual National Cancer Registrars Week, April 7-11, 2014. The purpose of National Cancer Registrars Week is to emphasize the important role cancer registrars play in capturing the data that informs cancer research, prevention, and treatment programs.

National Cancer Registrars Week activities include staff recognition events, professional development sessions, and displays promoting the work of the cancer registry and its value to public health.

"Quality cancer data is central to the nation's fight against cancer, and cancer registrars are the first link in capturing that data," notes NCRA president Shirley Jordan Seay, PhD, CTR. "National Cancer Registrars Week provides an opportunity to acknowledge the pivotal role registrars play in creating the sound footing from which cancer care and treatment can advance."

This year's theme — Steadfast in an Evolving Environment — was chosen to acknowledge how cancer registrars are committed to staying current in the rapidly changing worlds of cancer diagnosis, treatment, and management. Through continuing education, registrars ensure they are up-to-date on the medical and technological advances in order to provide the essential information needed by researchers, healthcare providers, and health officials to better monitor and improve cancer treatment, conduct research, and target cancer prevention and screening programs.

Congratulations to all of our Florida Cancer Registrars and to NCRA for 40 years of fundamental contributions and professionalism that have and continue to impact and improve local, state and national cancer surveillance and cancer control efforts and to improve cancer care and treatment across the state of Florida and the U.S. Thank you for helping to make FCDS one of the best state cancer registries in the country.



Florida Cancer Data System

Deadlines, Updates, & Reminders

JEAN BYERS MEMORIAL AWARD FOR EXCELLENCE IN CANCER REGISTRATION 2013

Each year FCDS recognizes and presents the Jean Byers Award for Excellence in Cancer Registration to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting.

The criteria to win the award are:

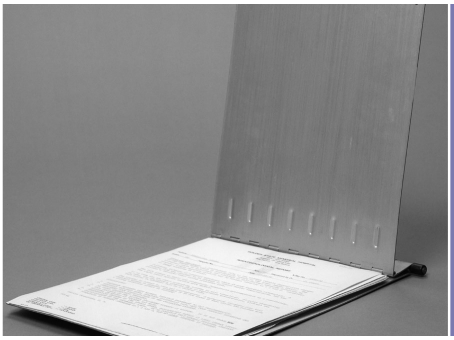
All deadlines met with respect to cancer case admissions and all cases reported to FCDS:

- Annual Caseload Submission Deadline – June 30
- Consolidated Follow Back Deadline – October 15
- AHCA, AMBI, Death Certificate Notification
- No more that 5% (or 35 cases, whichever number is greater) of cancer case admissions reported to FCDS within 2 months (60 days) following the June 30 deadline
- No more that 10% of cancer case admission reported to FCDS within 12 months following the June 30 reporting deadline

Here are the winners for 2013 (data submission year 2011):

1100-SHANDS UNIVERSITY OF FLORIDA
1170-N FLORIDA REGIONAL MEDICAL CENTER
1300-GULF COAST MEDICAL CENTER
1306-BAY MEDICAL CENTER
1505-CAPE CANAVERAL HOSPITAL
1601-WESTSIDE REGIONAL MED CTR
1602-MEMORIAL REGIONAL HOSPITAL SOUTH
1606-MEMORIAL REGIONAL CANCER CENTER
1649-MEMORIAL HOSPITAL MIRAMAR
1676-PLANTATION GENERAL HOSP
1686-FLORIDA MEDICAL CENTER
1688-MEMORIAL HOSPITAL WEST
1800-FAWCETT MEMORIAL HOSPITAL
1836-PEACE RIVER REGIONAL MEDICAL CENTER
1846-CHARLOTTE REGIONAL MEDICAL CENTER
2146-NCH HEALTHCARE SYSTEM
2150-NORTH COLLIER HOSPITAL
2246-LAKE CITY MEDICAL CENTER
2302-JACKSON SOUTH COMMUNITY CENTER
2310-ANNE BATES LEACH EYE HOSPITAL
2338-MERCY HOSPITAL
2346-KINDRED HOSP S FL CORAL GABLES
2347-UNIVERSITY OF MIAMI HOSPITAL
2348-DOCTORS HOSPITAL
2351-MOUNT SINAI MEDICAL CENTER
2353-NORTH SHORE MEDICAL CENTER
2357-METROPOLITAN HOSPITAL
2359-MIAMI CHILDRENS HOSPITAL
2374-JACKSON NORTH MEDICAL CENTER

(Continued on page 4)



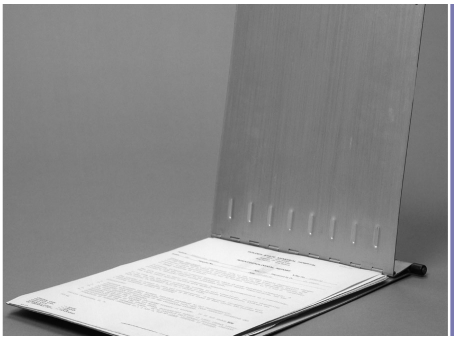
Florida Cancer Data System

Deadlines, Updates, & Reminders

(Continued from page 3)

2377-WESTCHESTER GENERAL HOSPITAL
2378-CORAL GABLES HOSPITAL
2379-LARKIN COMMUNITY HOSPITAL
2383-PALMETTO GENERAL HOSPITAL
2405-DESOTO MEMORIAL HOSPITAL
2605-BAPTIST MEDICAL CENTER BEACHES
2606-SHANDS JACKSONVILLE MEDICAL CENTER
2636-BAPTIST REGIONAL CANCER CENTER-JAX
2640-BAPTIST MEDICAL CENTER SOUTH
2648-MEMORIAL HOSPITAL JACKSONVILLE
2650-MAYO CLINIC HOSPITAL
2672-WOLFSON CHILDRENS HOSP NCC
2700-WEST FLORIDA HOSPITAL
2736-BAPTIST HOSPITAL OF PENSACOLA
2738-SACRED HEART CANCER CENTER
2870-FLORIDA HOSPITAL - FLAGLER
2905-GEORGE E WEEMS MEMORIAL HOSPITAL
3505-FLORIDA HOSPITAL WAUCHULA
3701-OAK HILL HOSPITAL
3890-FLORIDA HOSPITAL LAKE PLACID
3903-BRANDON REGIONAL HOSPITAL
3906-TAMPA GENERAL HOSPITAL
3907-FLORIDA HOSPITAL TAMPA
3936-ST JOSEPHS HOSPITAL NORTH
3937-ST JOSEPH HOSPITAL
3947-KINDRED HOSPITAL CENTRAL TAMPA
3973-FLORIDA HOSPITAL CARROLLWOOD
3974-KINDRED HOSPITAL BAY AREA TAMPA
3988-SOUTH BAY HOSPITAL
4170-SEBASTIAN RIVER MEDICAL CENTER
4205-CAMPBELLTON GRACEVILLE HOSPITAL
4206-JACKSON HOSPITAL
4516-LEESBURG REGIONAL MEDICAL CENTER
4547-FLORIDA HOSPITAL WATERMAN
4601-CAPE CORAL HOSPITAL
4605-LEE MEMORIAL HEALTH SYSTEM
4645-REG CANCER CTR GULF COAST HOSPITAL
4670-SOUTHWEST FL REGIONAL MEDICAL CTR
4690-LEE MEMORIAL HOSPITAL HEALTHPARK
4770-CAPITAL REGIONAL MEDICAL CENTER
5100-BLAKE MEDICAL CENTER
5105-MANATEE MEMORIAL HOSP
5205-MUNROE REGIONAL MEDICAL CENTER
5346-MARTIN MEMORIAL MEDICAL CENTER
5390-MARTIN MEMORIAL HOSPITAL SOUTH
5471-MARINERS HOSPITAL
5505-BAPTIST MEDICAL CENTER NASSAU
5607-NORTH OKALOOSA MEDICAL CENTER
5610-SACRED HEART HOSP EMERALD COAST
5670-FORT WALTON BEACH MED CTR
5705-RAULERSON HOSPITAL
5805-FLORIDA HOSPITAL APOPKA
5806-HEALTH CENTRAL
5848-MD ANDERSON CANCER CENTER ORLANDO
5851-ORLANDO REGIONAL MEDICAL CENTER
5852-DR P PHILLIPS HOSPITAL
5891-ARNOLD PALMER MEDICAL CENTER
5936-ST CLOUD REGIONAL MEDICAL CENTER
5967-OSCEOLA REGIONAL MEDICAL CENTER
5969-CELEBRATION HEALTH FL HOSPITAL
6003-DELRAY MEDICAL CENTER
6045-WEST BOCA MEDICAL CENTER
6046-BOCA RATON REGIONAL HOSPITAL
6068-WELLINGTON REGIONAL MEDICAL CENTER
6070-PALM BEACH GARDENS MEDICAL CENTER
6170-MEDICAL CENTER OF TRINITY
6171-PASCO REG MED HOSPITAL
6172-REGIONAL MED CENTER BAYONET POINT
6201-NORTHSIDE HOSP HEART INSTITUTE
6203-EDWARD WHITE HOSPITAL
6206-LARGO MEDICAL CENTER
6246-ALL CHILDRENS HOSPITAL
6249-MEASE DUNEDIN HOSPITAL
6250-MORTON PLANT HOSPITAL
6251-ST ANTHONY HOSPITAL

(Continued on page 5)



Florida Cancer Data System

Deadlines, Updates, & Reminders

(Continued from page 4)

6252-LARGO MEDICAL CENTER OF INDIAN ROCK
6274-ST PETERSBURG GENERAL HOSPITAL
6278-MEASE COUNTRYSIDE HOSPITAL
6290-KINDRED HOSP BAY AREA ST PETERSBURG
6346-BARTOW REGIONAL MEDICAL CENTER
6348-LAKE WALES HOSPITAL
6446-PUTNAM COMMUNITY MEDICAL CTR
6570-FLAGLER HOSPITAL
6600-COLUMBIA LAWNWOOD REGIONAL MED CTR
6705-JAY HOSPITAL
6805-SARASOTA MEMORIAL HOSPITAL
6810-ENGLEWOOD COMMUNITY HOSPITAL
6846-VENICE REGIONAL MEDICAL CENTER
6870-DOCTORS HOSPITAL
6905-CENTRAL FLORIDA REGIONAL HOSPITAL
6910-ORLANDO REGIONAL SOUTH SEMINOLE HOS
7005-VILLAGES REGIONAL HOSPITAL
7205-DOCTORS MEMORIAL HOSPITAL
7405-BERT FISH MEDICAL CENTER
7605-HEALTHMARK REGIONAL MEDICAL CENTER

PAT STRAIT AWARD FOR EXCELLENCE IN CANCER ABSTRACTING 2013

Each year FCDS recognizes and presents the Jean Byers Award for Excellence in Cancer Registration to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting.

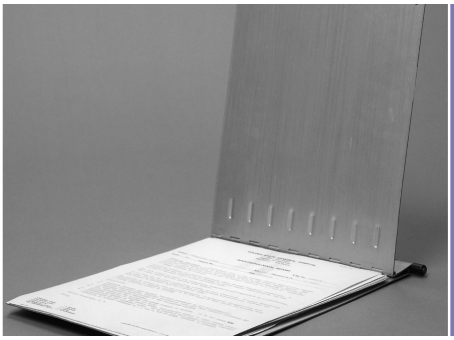
We recognize that the facilities that achieve this quality standard are staffed by outstanding professionals that made it possible for the facility to be recognized with this award.

This year we are renaming the award the Pat Strait Award for Excellence in Cancer Abstracting recognizing those individuals that contributed to a facility winning this award by presenting a certificate to all abstractors that submitted cases for the winning facilities.

This certificate is a way for FCDS to show our gratitude and appreciation to those individuals that were responsible for helping a facility reach this exceptional quality standard.

See the attached letter from Dr. MacKinnon about Pat Strait and this award.

(Continued on page 6)



Florida Cancer Data System

Deadlines, Updates, & Reminders

(Continued from page 5)

The Pat Strait Award for Excellence in Cancer Abstracting
About Pat Strait

For those of you that didn't have the pleasure of knowing Pat, you missed out on knowing a wonderful person. For those of you that did know Pat, I know you join us in celebrating her through this award.

Pat was the FCDS technical backbone for almost 16 years until her retirement in 1997. I have had the pleasure of knowing Pat Strait since 1981 when she first came to Florida as the Field Coordinator for the West Coast region.

Pat was a born educator and communicator. Actually, she was an educator by education and training as evidenced by the skill with which she taught us all about cancer registration. She was always a team player, molding FCDS into what it has become today. She taught so many of us about cancer registration. It is possible that even today, there is not a single county in Florida that does not have one of Pat's pupils working in the field.

In return for her teaching us about cancer registration and its techniques, we taught her about the wonderful world of computerized data base management. The early years were tough going. She never trusted the computer. She would gingerly press the keys and call the machine names if it didn't work the way she wanted it to. After entering the data, she would pull up the case three of four times to insure it was there and correct. Once she gained confidence in the computer's ability to recall data, she quickly became a pro. Pat designed our first interactive edit checking software and quality control software. She was the liaison between the programmers and the administrators on all technical aspects related to FCDS.

Hardly a week goes by here at FCDS that we don't work with something Pat designed or was instrumental in developing. Therefore, it is fitting that an award for Abstracting Excellence is named in honor of Pat Strait.

Jill A. MacKinnon, PhD
Epidemiologist and Project Director

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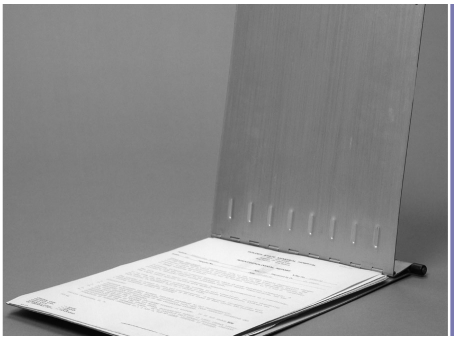

Florida Cancer Data System

Deadlines, Updates, & Reminders

(Continued from page 6)

ALICIA ABRAHAM
JANICE ALEXANDER
JOYCE ALLAN
ELIZABETH ANDRADE
VICTOR ANGLES
CECILIA ANNIS
STACEY APPLEGATE
PATRICIA ATCHLEY
MARICHU AUFFENBERG
DONNA ACOSTA
JENNIFER ATTWOOD
LANA BENEDICT
LEIGH BISHOP
MELISSA BLAKLEY
JACQUELINE BRICE
WANDA BROADWAY
BESSIE BROKENBURR HENDERSON
JENNIFER BROWN
JENNIFER BROWN
RHONDA BUCHENHAIN
PAULA BUCK
TAMMY BUNZE
NICOLE BURMEISTER KINTZ
HEATHER BURNER
JULIE CAMPBELL
STEPHANIE CAMPBELL
SANDRA CARLSON
CHARLA CARTER
SUZAN CHASTAIN
KATHIE CHURCHILL
DENISE COLBURN
TINA COLEMAN
KATHERINE COOK
JENNETTE COX
CHARISSE CREECH
JUAN CRUZ
JIMMIE CUMMINS
MAUREEN CURCIO
ORESTES CALDERIN
HARRIETT DAME
JANICE DAVIS
SALLY DAVIS
ABELARDO DE LA RUA
BARBARA DEARMON
MARIA DELGADO
ANNA DELUAGUE
WANDA DIAZ
PEDRO DIAZ POW SANG
DANA DILUCCIO
KATIE DOSS
PATRICIA DOWNEY JOHNSTON
CLAUDIA DOWNS
CHARLENE DUELGE
BETHANEY DUPUIS
MARTINA DURAN
RANDIE DAVIS
LINDA EASTRIDGE
SOPHIA EBNER
MAYRA ESPINO
ELIZABETH EXILUS
PENELOPE FELDPAUSCH
STEPHANIE FOX
INDIA FREEMAN
JUDITH FUTERFAS MS CTR
GERARDO GALLARDO
PAMELA GANTT
DEBRA GARDEMANN
KELLIE GARLAND
AMPARA GERENA
BERNA GLASSMAN
JAN GOETTSCHE
PATRICIA GOMEZ
ALFREDO GONZALEZ DE CHAVEZ
BONNIE GRALNIK
JUDY GURECKIS
SHIRLANA GABRIEL
LANA GEOGHAGAN
BEATRIZ HALLO
JOHANNA HANELINE
JANICE HARGROVE
ANNETTE HARNAGE
MAGGIE HERRERA
MARCIA HODGE
MARY ANN HOPMANN
LESLIE HOULAHAN
JUDYTH HULS KUDER
CARON HULSEY
ARMAND IGNACIO
LORETHA JAMES
JOHN JARRETT
BRIGITTE JOHNSON
FAITH JOHNSON
NICOLA JONES
PATRICIA JONES
DANIE JOSAPHAT
CINDY JULIUS
PATRICIA JONES
JENNIFER KASSAN
REBECCA KELLNER
JACQUELINE KENNEY
LAURA KINDERGAN
KELLY KING
JAMES KING JR
ELIZABETH KIROL
LISA KLEMPNAUER

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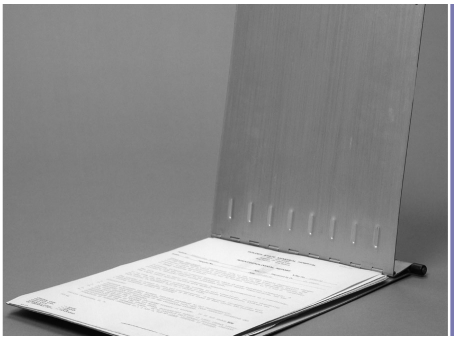


Florida Cancer Data System

Deadlines, Updates, & Reminders

(Continued from page 7)

LISA KOFRON
TAMARA LEHMAN
MICHELLE LESTER
DEBBIE LOGUE
BARBARA LORENTSON
LORETTA LEAL
JULIE MANNA
MANUEL MARTE
ELIZABETH MARTINEZ
LINDSEY MASON
MARY MASON
CELIA MATHEWS
STACYE MATHIS
NANCY MAUL
PENNY MAY
MELISSA MCCARTHAN
MARSHA MCDANIEL
GLADYS MEJIA
ELIZABETH MELENDEZ
MARGARITA MENA
DINAH MERRILL
JULIE MIERZEJEWSKI
JORGE MIGOYA
ZEIDA MOLINA
SOPHIA MONARREZ
CAROL MUIR
DEBORAH MULINI
ANNA MUSCHLER
LESLIE NEVIUS
JOYCE NEWHOUSER
MARY NEWTON
DAWN NGUYEN
IGNACIA NUNEZ
IGNACIA NUNEZ
BARBARA OHARA
MARY OLEARY
TANNA OLIVER
CICELY PARRISH
GRACE PATRICK
LYNNE PEARSON
KIMBERLY PERDUE
PETER PIERCE
FELIX QUINONES
SADE RAY
PAULA RICCIO
DOUGLAS RICHARDS
ZADIE RIVARD
SUSAN ROBERTSON
ELLEN ROBINSON
DORSI ROVIN
ANA RUIZ
ALFONSO RODRIGUEZ
ALFONSO RODRIGUEZ
CINDY SANBORN
WALTER SANFORD
JENNIFER SANKY
KATHLEEN SASLOW
MELISSA SCHMIDT
MELISSA SCHUSTER
NIKKI SECO
ADELA SEIDMAN
DEYLIS SEQUEIRA
MARIANA SHAHIDPOUR
LILLIAN SHELDON REECE
CHRISTY SIENNY
ANGELA SIMMONS
BUBBLELA SIMMONS
LISA SMITH
SHAUNTEL SMITH
TRACY SMITH
RASSY SPROUSE
APRIL STEBBINS
BRYAN STEVENS
SANDRA STEWART
KAREN STREET
MYRA SULLIVAN
ANGELA SWILLEY
MELINDA SCOTT
ROSEMARIE TAYLOR
PAULETTE THOMAS
SHARON THOMAS
ANN THOMPSON
TRISHA TROIANO
J TROTTER
KAREN TRUELOVE
LISA TAYLOR
GLORIA UNDERHILL
FRED WACKER
SHEILA WALSH
ANA WALTON
PATRICIA WESTON
VICKIE WICKMAN
AMY WILKES
WENDY WILLIAMS
NANCY WILSON
JANET WYRICK
KIOKA WALCOTT
VICTORIA YOUNG
WILLIAM YUEN
CELIA ZAPATA

2014 CASEFINDING LIST

FCDS has published TWO Casefinding Lists for 2014 Medical Records Casefinding (in-patient and ambulatory care).

The first is the **ICD-9-CM** list. This list is the same as what you have been using for many years and consists of both Required (*) and Optional (+) ICD-9-CM codes to be used to identify cases using medical records disease index (in-patient and ambulatory).

Starting 10/1/2015, the second is the **ICD-10-CM**-list. Please share the ICD-10-CM Casefinding List with your IT and/or HIM Department to allow sufficient time for IT/HIM to create your medical records disease index casefinding list for cases seen at your facility 10/1/2015 with ICD-10-CM Dx Codes.

NCI SEER has published a complete list of Optional or Supplemental Codes. The FCDS Casefinding List does not include all Supplemental Codes. The FCDS Casefinding List only includes Optional (+) codes for which you can expect to find cases and not just related conditions or follow up information.

Congress passed a bill in late March 2014 to delay implementation of ICD-10-CM/PCS until at least 10/1/2015. President Obama signed the bill into law on April 1, 2014. While the healthcare industry has been busy preparing for the 10/1/2014 implementation date, the delay passed by Congress has been heavily lobbied by physician organizations and other groups. The American Medical Association has lobbied heavily against adopting the ICD-10-CM/PCS standard at all, citing high cost and implementation.

The transition to ICD-10-CM/PCS "remains inevitable and time-sensitive because of the potential risk to public health and the need to track, identify, and analyze new clinical services and treatments available for patients" according to AHIMA statements. Proponents of "early implementation" continue to plan for the inevitable implementation with information, training, and assistance with code set transition.

FCDS, our national cancer surveillance program partners, and cancer registrars have been using ICD-10 for many years with ICD-O-3 being an offshoot of ICD-10-CM and cause of death coding on death certificates coded in ICD-10 since 1999. Our programs will continue preparations for this transition.

Part of the transition is to provide current and complete medical record diagnosis and procedure code lists that include both ICD-9-CM and ICD-10-CM code lists for casefinding, regardless of the date of actual ICD-10-CM implementation. This will allow facilities that have already made the transition to ICD-10-CM/PCS and facilities in the middle of transition to ICD-10-CM/PCS to case find cancer-related patient encounters, regardless of coding system standard used at the time of patient in-patient or ambulatory care admission. Both lists are provided in this month's memo in anticipation of a 10/1/2015 start-up and for facilities already using ICD-10-CM.

(Continued on page 10)

2014 CASEFINDING LIST

(Continued from page 9)

If you have any questions, please contact Steven Peace at FCDS.

Thank you.

Steven Peace, CTR
(305)-243-4601
SPeace@med.miami.edu

The following ICD-9-CM and ICD-10-CM lists are to be used to identify potentially reportable tumors. Some ICD-9-CM and ICD-10-CM codes also contain conditions that are not reportable. These records still need to be reviewed and assessed individually to verify whether or not the patient has cancer.

ICD-9-CM Casefinding List for Reportable Tumors - JULY 2014

* = Required for review	+ = Optional for review
+ 042	AIDS (review cases for AIDS-related malignancies)
* 140.0-209.36	Malignant neoplasms (excluding skin 173.0-173.9 with morphology codes 8000–8110)
* 209.70-209.79	Secondary neuroendocrine tumors
* 225.0-225.9	Benign neoplasm of brain and spinal cord neoplasm
* 227.3-227.4 * 227.9 * 228.02 *228.1	Benign neoplasm of pituitary gland, pineal body, and other intracranial endocrine-related structures Benign neoplasm; endocrine gland, site unspecified Hemangioma; of intracranial structures Lymphangioma, any site brain, other parts of CNS
* 230.0-234.9	Carcinoma in situ (**exclude: skin, cervix and prostate in situ – 232.0-232.9, 233.1, 233.4**)
+ 235.0-239.9	Neoplasms of uncertain behavior
* 236.0	Endometrial stroma, low grade (8931/3)
* 237.0-237.9	Neoplasm of uncertain behavior (borderline) of endocrine glands and nervous system
* 238.4	Polycythemia vera (9950/3)
* 238.6-238.79	Other lymphatic and hematopoietic tissues
* 239.6-239.89	Neoplasms of unspecified nature
+ 258.02-258.03	Multiple endocrine neoplasia (MEN) type IIA and IIB
* 273.2	Other paraproteinemias
* 273.3	Waldenstrom's macroglobulinemia (9761/3)
+ 285.22	Anemia in neoplastic disease

2014 CASEFINDING LIST

ICD-9-CM CASEFINDING LIST FOR REPORTABLE TUMORS - JULY 2014

* = Required for review	+ = Optional for review
* 288.3	Hypereosinophilic syndrome (9964/3)
*288.4 *289.6	Hemophagocytic syndromes (9751/3, 9754/3) Familial Polycythemia
* 289.83 + 338.3 * 511.81 * 692.7 * 758.0 * 789.51 + 795.81-795.89 * 795.06 * 795.16 * 796.76	Myelofibrosis NOS (9961/3) Neoplasm related pain (acute, chronic); Cancer associated pain Malignant pleural effusion (code first malignant neoplasm if known) Malignancy due to solar radiation (9725/3 hydroa vacciniforme-like lymphoma) Myeloid leukemia associated with Down Syndrome Malignant ascites (code the first malignant neoplasm if known) Abnormal tumor marker Papanicolaou smear of cervix with cytologic evidence of malignancy Papanicolaou smear of vagina with cytologic evidence of malignancy Papanicolaou smear of anus with cytologic evidence of malignancy
+ 999.81	Extravasation of vesicant chemotherapy
+ V07.31-V07.39	Other prophylactic chemotherapy
+ V07.8	Other specified prophylactic measure
+ V10.0-V10.9	Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment)
+ V42.81-V42.82	Organ or tissue replaced by transplant, Bone marrow transplant
* V58.0	Encounter for radiotherapy
* V58.1 *V58.11 *V58.12	Encounter for chemotherapy and immunotherapy Antineoplastic Chemotherapy Antineoplastic Immunotherapy
+ V66.1	Convalescence following radiotherapy
+ V66.2	Convalescence following chemotherapy
+ V67.1	Radiation therapy follow-up
+ V67.2	Chemotherapy follow-up
+ V71.1	Observation for suspected malignant neoplasm
+ V76.0-V76.9	Special screening for malignant neoplasm
+ V87.41	Personal history of antineoplastic chemotherapy

2014 CASEFINDING LIST

ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS - JULY 2014

* = Required for review	+ = Optional for review (SEER publishes a complete list of optional codes)
* C00._ - C43._	Malignant neoplasms (excluding skin C44.0-C44.9 with morphology codes 8000–8110)
* C45._ - C96._	Malignant neoplasms (excluding skin C44.0-C44.9 with morphology codes 8000–8110)
* D00._ - D09._	Carcinoma in situ (**exclude: skin, cervix and prostate in situ – D04._, D06._ and D07.5**)
* D18.02	Hemangioma; of intracranial structures
* D18.1	Lymphangioma, any site brain, other parts of CNS
* D32._	Benign neoplasm of meninges (cerebral, spinal and unspecified)
* D33._	Benign neopl;asm of brain and other parts of central nervous system
* D35.2, D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
* D42._, D43._	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
* D44.3-D44.5	Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland
* D45	Polycythemia vera (9950/3)
* D46._	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
* D47.1	Chronic myeloproliferative disease (9960, 9963)
* D47.3	Essential (hemorrhagic) thrombocythemia (9962)
* D47.4	Osteomyelofibrosis (9961)
* D47.7	Other specified neoplasm of uncertain/unknown behavior of lymlphoid, hematopoietic (9965, 9966, 9967, 9971, 9975, 9987)
* D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960, 9970, 9931)
* D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
* E34.0	Carcinoid Syndrome
* J91.0	Malignant Pleural Effusion
* K22.711	Barrett's esophagus with high grade dysplasia
* R18.0	Malignant ascites
* Z51.0	Encounter for antineoplastic radiation therapy
* Z51.1	Encounter for antineoplastic chemotherapy and immunotherapy
+ B20	AIDS Note: Medical coders are instructed to add codes for AIDS-associated malignancies. Screen 042 for history of cancers that might not be coded elsewhere.
+ Z85._	Personal history of malignant neoplasm
+ Z86.0_, Z86.01_, Z86.03	Personal history of in situ and benign neoplasm and neoplasm of uncertain behavior
+ Z92.21, Z29.23, Z92.25, Z92.3	Personal history of antineoplastic chemotherapy, estrogen therapy, immunosuppression therapy or irradiation (radiation)

SEER*Educate

Learn by Doing Series – New Modules
January 30, 2014

CSv02.05

With a new diagnosis year, comes a new coding scheme. SEER*Educate has added coding exercises for 16 site groups using CSv02.05. There are 10 cases per site group. We have requested 5 CE per site group from NCRA.

2014 Heme

SEER recently published a new Hematopoietic and Lymphoid Neoplasm Manual and Database. Assess your understanding of the coding and reportability rules by coding the case scenarios. Receive a detailed step-by-step rationale that walks you through the process using the new manual and database. The Heme 2014 Practical Application section has six sets of coding exercise, 5 exercises in each set. We have requested 2.5 CE from NCRA for each set of heme coding exercises.

CTR Prep - Cancer Registry Management

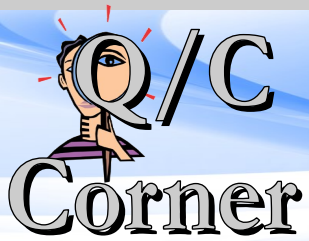
The *Cancer Registry Management Principles & Practice for Hospitals and Central Registries 3rd Edition* textbook is one of the standard registry resources listed on the CTRexam.org website.

Material from this textbook is used in the closed book section of the CTR exam. CTR-eligible candidates may test themselves with 12 tests, 50 questions on each test. The material has been broken into three major topics:

1. Planning & Design of Registries and Informatics (4 tests)
2. Operations (4 tests)
3. Standard Setters, Central and Other Registries, and Uses of Registry Data (4 tests)

The CTR Prep series do not qualify for CE hours. The purpose of this material is to assist non-credentialed registrars and students in preparing for the CTR exam.

SEER*Educate Helpdesk
Fred Hutchinson Cancer Research Center
Visit SEER*Educate at https://educate.fhcrc.org/ | Email us at educate@fhcrc.org



QUESTIONS? ANSWERS. and CLARIFICATION

QUESTION:
I have a breast case where the core biopsy shows DCIS with a focus "suspicious" for microinvasion, but the mastectomy is all DCIS. In this case do I code as invasive cancer based on the biopsy when there was no invasive component in the mastectomy specimen?

ANSWER:
The ambiguous terminology "suspicious" is a "yes" word for "is this cancer" or "is this not cancer". It is also a "yes" word for "is this invasive" or "not invasive" regardless of what remained following the core biopsy (in the mastectomy specimen).

ICD-O-3 does not have a histology code for micro invasive ductal or other micro invasive glandular (adeno)carcinoma – but it does for squamous – so, it is possible that in the future the WHO will add a code for this "stage" of transformation from pre-cancer (insitu) to invasive cancer (malignant). This case should be abstracted as an invasive ductal carcinoma of the breast – treated with mastectomy – which also supports the invasive dx.

QUESTION:
Patient had a lung resection for lung cancer. The path report states that the tumor "abuts the pleura" or includes the statement along with an additional clarification that there is "no invasion of visceral pleura". Should the CS Extension Code for these cases be coded 100, 300 or 410? This is an important distinction between T1 and T2 lesion that is new to TNM and specific in Collaborative Stage. Are they consistent?

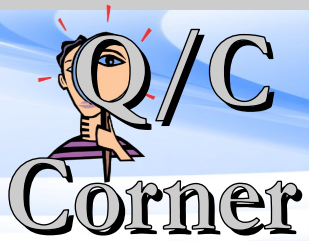
ANSWER:
Yes, both definitions and expectations for assigning stage are consistent, but still can be confusing probably for the pathologist as well as the registrar. Why? Because there are up to 6 layers of visceral pleura that might be described by the pathologist and the tumor may extend or invade or might just abut one or more of these layers with or without full penetration of the visceral pleura. It is very important to try to distinguish between abutment, partial penetration of some or all layers of pleura, or full penetration of all layers of the visceral pleura.

Visceral Pleural Invasion is relevant for peripheral lung tumors. The presence of visceral pleural invasion by tumors smaller than 3 cm changes the T category from pT1 to pT2 and increases the stage from IA to IB in patients with no nodal disease or stage IIA to IIB in patients with peribronchial or hilar nodes. Studies have shown that tumors smaller than 3 cm that penetrate beyond the elastic layer of the visceral pleura behave similarly to similar-size tumors that extend to the visceral pleural surface. Visceral pleural invasion should therefore be considered present not only in tumors that extend to the visceral pleural surface, but also in tumors that penetrate beyond the elastic layer of the visceral pleura.

Surgical pathology reports from resected lung cancers should now include information about the extension of the tumor up to, into, or through the visceral pleura as well as penetration of elastic layer used to determine CS Extension and to code Lung SSF2 (required by CoC but not FCDS).

Note 10 under CS Ext Lung reads; "Specific information about visceral pleura invasion is captured in codes 410-430 and CS Site-Specific Factor 2, Visceral Pleural Invasion (VPI)/Elastic Layer. Elastic layer involvement has prognostic significance for lung cancer". The only way to accurately stage these cases, pathologically, is when the pathologist includes information about how deep the tumor extends into the elastic layer and visceral pleura as noted in the classification categories below.

(Continued on page 15)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 14)

While FCDS does not require you to code Lung SSF2 – the information about the data item is critical to staging. CS Instruction Manual Part I, Section 2 (SSFs and Lab Tests) has information on the Pleural Elastic Layer, what it is, why it is important, etc.

You MUST refer to the pathology report from the resection specimen to get this information. And, there should also be a distinction between whether or not the pathologist feels this is a T1 or T2 or T3 lesion and should be so stated on the surgical pathology report under the description of the primary tumor. This may clear things up for many of your cases. But the biggest distinction is between the two categories of PL0 and PL1 which are defined in the CS Manual, Part I Section2 – Lung SSF2 Pleural/Elastic Layer Invasion, pg 57 for reference.

This is where you find the four categories of visceral pleural invasion defined:

PL0	Tumor surrounded by lung parenchyma or invades superficially into pleural connective tissue beneath elastic layer but does not complete-
PL1	Tumor invades beyond elastic layer (classified as T2)
PL2	Tumor extends to surface of the visceral pleura (classified as T2)
PL3	Invasion of parietal pleura (classified as T3)

So, look for information on the pathology report about whether pathologists calls this a T1 or T2, and look for the PL category, and read through the extension or level of invasion noted in the path report to identify whether or not the elastic layer and/or visceral pleural are involved.

It appears from the information you provided that there is more information to check on – but this appears to be a T1 lesion with PL0 category.

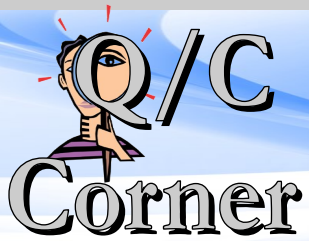
QUESTION:
Do you know if there is a list, by histology code, or any other manner, of all the benign CNS neoplasms that are reportable? Are intracranial cysts reportable to FCDS?

ANSWER:
We do not have a complete list of all benign/borderline/malignant tumors of Brain and CNS that are reportable and ICD-O-3 is our only reference.

There was a Brain Tumor Guide that was published by CDC back in 2004 that we use for reference entitled, "Data Collection of Primary Central Nervous System Tumors".
The PDF is also available for free at www.cdc.gov/cancer/npcr/pdf/btr/braintumorguide.pdf.

While the 2004 Manual does not have a complete listing of histologies by code, it does have references for what is

(Continued on page 16)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 15)

and is not reportable – and refers you to ICD-O-3. It can be difficult to locate "rules" in the document at times because they are interwoven with other materials. Please use the ,PH Rules also.

Page 31 of the 2004 Brain Manual is where Cysts and Tumor-Like Lesions are discussed. Only 3 types of "cysts and tumor-like lesions" are reportable; dermoid cysts, Rathke pouch tumors (also known as craniopharyngioma), and granular cell tumors. Any other cyst or tumor-like lesion in the brain/CNS is not reportable – the reference denotes that if there is not a code in ICD -O-3 then you do not report the case.

QUESTION:
If I get City (Province) and country to match , what is the proper zip code? (not 8's)

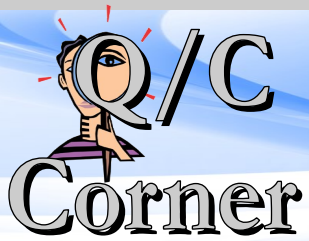
ANSWER:
You no longer can use 8's for Canada, use 9's if unknown and it will pass. FCDS EDITS do not allow Canadian zips since they are not Florida residents – but, if you enter a Canadian zip, FCDS will change the zip to 9's on upload. The way to circumvent this is just to enter 9's for all Canadian residents. You do not need to follow them, either. Other hints for cases are that you should enter province if known (Appendix B – attached) or if you do not know province then enter CD in state.

Do not use codes XX, YY or ZZ for Canadian residents – even if you don't know the street address or province – you do know country, now.

CAN is country for Canada. And, below are the tables to use when trying to correctly code residence at dx and current for any type of case.

Address At Dx - State	Class of Case	Address Status	County	Zip Code
FL	00-30,34-43	Full Address Required	Valid FL	Valid FL
FL	31-33	Full Address allowed but Unknown is permitted	Valid FL,999	Valid FL,99999
Non-FL exclude XX,YY,ZZ, US Possessions and Canada	00-14,34,35,38,40, 41,42	Full Known Address Required	998	State Zip
Non-FL exclude XX,YY,ZZ, US Possessions and Canada	20-33,36-37,43	Full Address allowed but Unknown is permitted	998	State Zip, 99999
XX,YY	00-99	Unknown Permitted	998	88888
ZZ	00-99	Unknown Permitted	999	99999
US Possessions and Canada	00-99	Unknown Permitted	998	99999

(Continued on page 17)

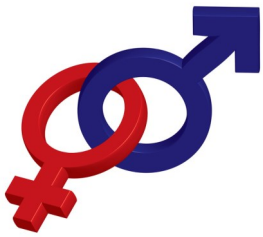


QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 16)

Address Current - State	Class of Case	Address Status	County	Zip Code
FL	00-99	Full Known Address Required	Valid FL	Valid FL
Non-FL exclude XX,YY,ZZ, US Possessions and Canada	00-99	Full Known Address Required	998	State Zip
XX,YY	00-99	Unknown Permitted	998	88888
ZZ (NOT ALLOWED)				
US Possessions and Canada	00-99	Unknown Permitted	998	99999

REMINDER REMINDER REMINDER



FCDS reminds all abstractors and registrars to take extra care to verify the correct coding of SEX for each case you abstract. We are once again seeing a big increase in incorrectly coded sex for all tumor types and from all over the state. This tends to concentrate within certain facilities.

If you receive any QC Review Inquiries or Notifications that your cases have been found to have miscoded SEX – please review previously submitted cases to make sure you do not have a systemic problem and are miscoding many or most of your cases. FCDS can only check re-productive-system related neoplasms for sex coding accuracy. The rest is up to you. Please take extra care and verify SEX on every abstract.

NAACCR 2013-2014 Webinar Series

The Florida Cancer Data System is happy to announce that for another year we will be presenting the NAACCR Cancer Registry and Surveillance Webinar, 2013-2014 series at seven locations throughout Florida. Be sure to mark your calendars for each of these timely and informative NAACCR webinars.

- **Boca Raton Regional Hospital (Boca Raton)**
- **Moffitt Cancer Center (Tampa)**
- **M.D. Anderson Cancer Center Orlando (Orlando)**
- **Shands University of Florida (Gainesville)**
- **Gulf Coast Medical Center (Panama City)**
- **Baptist Regional Cancer Center (Jacksonville)**
- **Florida Cancer Data System (Miami)**

Special thanks to the hosting facilities for their participation and support. For a complete description of the webinars, click here: https://fcds.med.miami.edu/scripts/naaccr_webinar.pl

Please go to the FCDS website to register online for your location of choice. Registration link is: https://fcds.med.miami.edu/scripts/naaccr_webinar.pl. A separate registration will be required for each webinar. The number of participants allowed to be registered for each webinar will be dependent on space availability. For more information, please contact Steve Peace at 305-243-4601 or speace@med.miami.edu.

DATE/TIME	TOPIC
*10/3/13	Lip and Oral Cavity
*11/7/13	Prostate
*12/5/13	Ovary
*1/9/14	Gastrointestinal Stromal Tumors (GIST)
*2/6/14	Treatment Data
*3/6/14	Abstracting and Coding Boot Camp: Cancer Case Scenarios
*4/3/14	Melanoma
5/1/14	Colon and Rectum
6/5/14	Liver
7/10/14	Topics in Survival Data
8/7/14	Lung
9/11/14	Coding Pitfalls

*All NAACCR 2012-2013 Webinars presented in series are available on the FCDS website, on the Downloads page: http://fcds.med.miami.edu/inc/educationtraining.shtml

NAACCR CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES

Seven Florida facilities will host the 2013-2014 webinar series, *registration is required*

REGISTER FOR THE NEXT WEBINAR

FCDS *is the host site for Miami , FL with space for 25-30 participants.*

Here is the CEU information for the 2013 FCDS Annual Conference:

CE Hours: 8.25

NCRA Recognition Number: 2013-114

The 2012 FCDS Annual Conference:

CE Hours: 9.0

NCRA Program Number: 2012-065

Florida Cancer Data System
Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF MARCH 31, 2014

Total number of *New Cases* added to the FCDS Master file in March, 2014: **19,794**

The figures shown below reflect initial patient encounters (admissions) for cancer by year.

Admission Year	Hospital	Radiation	Ambi/Surg	Physician Office	Derm Path	DCO	Total Cases	New Cases
2013	101,588	1,934	132	7,023	0	**Pending**	110,677	**17,200**
2012	171,241	9,231	182	8,180	0	**Pending**	188,871	**2,288**
2011	173,851	10,720	2,204	17,982	0	**2,108**	206,982	**306**

		Actual	Expected
% Complete for:	**2013**	**58%**	**75%**
	2012	99%	100%
	2011	100%	100%

Expected % based on 165,000 reported cases/year

Missed an FCDS or NAACCR Webinar?

Did you know that both FCDS and NAACCR Webinars can be viewed after-the-fact. And, Continuing Education Hours are available to registrars that view recorded webinars? All FCDS Webcasts are recorded and posted on the FCDS Website (Education Tab). FCDS Webcast Recordings are available free of charge and can be viewed anytime/anywhere by anybody. Access to NAACCR Webinar Recordings is available only to registrars with Active/Current FCDS Abstractor Codes. Access to NAACCR Recordings is password protected. Contact FCDS for more information on viewing recorded webinars, or to obtain the password to view individual NAACCR Webcast Recordings.

Florida Cancer Data System

The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry and has been collecting incidence data since 1981 when it was contracted by the State of Florida Department of Health in 1978 to design and implement the registry. The University of Miami Miller School of Medicine has been maintaining FCDS (http://fcds.med.miami.edu) since that time.

The FCDS is wholly supported by the State of Florida Department of Health, the National Program of Cancer Registries (NPCR) of the Centers for Disease Control and Prevention (CDC) and the Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine.

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